

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, Connecticut 06115-0471

Verification of Professional Development completed by
Alternate Route to Certification (ARC) Beginning Teachers

**SUBMIT THIS FORM WITH YOUR APPLICATION FOR
THE PROVISIONAL EDUCATOR CERTIFICATE.**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SSN: _____

This is to verify that under my temporary 90-day certificate and my initial educator certificate, I have completed the required 30 hours of professional development (3.0 CEU's) through attendance of BEST/CSDE sponsored seminars or workshops and/or professional development sponsored or approved through my employing board of education.

Signature of Employing Superintendent of Schools

Date

Typed or Printed Name of Superintendent of Schools

Telephone

Employing Board of Education

Signature of Applicant

Date

REV. 2/03